**Master Compounding Formulation Record Group: Date:**

Name, strength, and dosage form:

Quantity: Therapeutic use/category: Route of administration:

Ingredients used:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Ingredient | Quantity Used | Description | Solubility | Dose ComparisonGiven Usual | Use in the Rx | Manufacturer Lot No. | Expiration Date |
|  |  |  |  |  |  |  |  |  |
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Compounding procedure:

Description of finished preparation:

Quality control:

Prepared by: Checked by: \_\_\_\_\_\_

LABELING:

**LECOM Pharmacy**

**5000 Lakewood Ranch Blvd.**

**Bradenton, FL 3211**

**555-555-5555 Fax: 555-555-5555**

Rx 123456 Pharmacist: Date filled:

Patient Name:

Name and strength:

Directions:

Quantity dispensed:

Mfg:

Refills:

Discard after:

Auxiliary Labels:

PATIENT CONSULTATION: